

1372541

FORM D

UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549

OMB Approval

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FORM D

PROCESSED



07044865

## NOTICE OF SALE OF SECURITIES

FEB 22 2007

PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY

Prefix

Serial

DATE RECEIVED

Name of Offering (☐ check if this is an amendment and name has changed, and indicate change.)

Limited partnership interests in Market Street Capital Partners, LP and limited liability company interests and limited partnership interests in Market Street Capital Partners REIT, LLC and Market Street Capital Partners PIV, LP

Filing Under (Check box(es) that apply):

☐ Rule 504☐ Rule 505☒ Rule 506☐ Section 4(6)☐ ULOE

Type of Filing:

☐ New Filing☒ Amendment

## A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer

Name of Issuer (☐ check if this is an amendment and name has changed, and indicate change.)

Market Street Capital Partners, LP, Market Street Capital Partners REIT, LLC and Market Street Capital Partners PIV, LP

Address of Executive Offices (Number and Street, City, State, Zip Code)

575 Market Street, 35<sup>th</sup> Floor, San Francisco, California 94105

Telephone Number (including Area Code)

(415) 284-5700

Address of Principal Business Operations (Number and Street, City, State, Zip Code)  
(if different from Executive Offices)

Telephone Number (including Area Code)

Brief Description of Business: Investments in real estate

Type of Business Organization

☐ corporation☒ limited partnership, already formed☒ other (please specify): limited liability company, already formed☐ business trust☐ limited partnership, to be formedActual or Estimated Date of Incorporation or Organization<sup>1</sup>

Month

0 3

Year

0 6

☒ Actual☐ Estimated

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State;

CN for Canada; FN for other foreign jurisdiction)

D E

<sup>1</sup> Reflects date of organization of Market Street Capital Partners, LP. The date of organization for each of Market Street Partners REIT, LLC and Market Street Capital Partners PIV, LP is 05/06.

## GENERAL INSTRUCTIONS

## Federal:

**Who Must File:** All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).**When to File:** A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.**Where to File:** U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.**Copies Required:** Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.**Information Required:** A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.**Filing Fee:** There is no federal filing fee.

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number

SEC 1972 (6)

DLI-6088305v3

RUB

### A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☒ General and/or Managing Partner

Full Name (Last name first, if individual)

Market Street Capital Partners GP, LLC, general partner of Market Street Capital Partners, LP

Business or Residence Address (Number and Street, City, State, Zip Code)

575 Market Street, 35<sup>th</sup> Floor, San Francisco, California 94105

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Market Street Capital Partners REIT GP, LLC, manager and director of Market Street Capital Partners REIT, LLC

Business or Residence Address (Number and Street, City, State, Zip Code)

575 Market Street, 35<sup>th</sup> Floor, San Francisco, California 94105

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☒ General and/or Managing Partner

Full Name (Last name first, if individual)

Market Street Capital Partners PIV GP, LLC, general partner of Market Street Capital Partners PIV, LP

Business or Residence Address (Number and Street, City, State, Zip Code)

575 Market Street, 35<sup>th</sup> Floor, San Francisco, California 94105

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Shiff, Stuart Z., managing member of Market Street Capital Partners GP, LLC, Market Street Capital Partners REIT GP, LLC and Market Street Capital Partners PIV GP, LLC

Business or Residence Address (Number and Street, City, State, Zip Code)

575 Market Street, 35<sup>th</sup> Floor, San Francisco, California 94105

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Mashaal, Robert, managing member of Market Street Capital Partners GP, LLC, Market Street Capital Partners REIT GP, LLC and Market Street Capital Partners PIV GP, LLC

Business or Residence Address (Number and Street, City, State, Zip Code)

575 Market Street, 35<sup>th</sup> Floor, San Francisco, California 94105

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Knetzger, Edwin, managing member of Market Street Capital Partners GP, LLC, Market Street Capital Partners REIT GP, LLC and Market Street Capital Partners PIV GP, LLC

Business or Residence Address (Number and Street, City, State, Zip Code)

575 Market Street, 35<sup>th</sup> Floor, San Francisco, California 94105

(Use blank sheet or copy and use additional copies of this sheet, as necessary)

## A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Moore, Jacqueline, managing member of Market Street Capital Partners GP, LLC, Market Street Capital Partners REIT GP, LLC and Market Street Capital Partners PIV GP, LLC

Business or Residence Address (Number and Street, City, State, Zip Code)

575 Market Street, 35th Floor, San Francisco, California 94105

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Dietsch, Steven, managing member of Market Street Capital Partners GP, LLC, Market Street Capital Partners REIT GP, LLC and Market Street Capital Partners PIV GP, LLC

Business or Residence Address (Number and Street, City, State, Zip Code)

575 Market Street, 35th Floor, San Francisco, California 94105

Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

California Public Employees' Retirement System

Business or Residence Address (Number and Street, City, State, Zip Code)

400 Q. Street, Suite E 4800, Sacramento, California 95814

Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

California State Teachers' Retirement System

Business or Residence Address (Number and Street, City, State, Zip Code)

7667 Folsom Boulevard, Sacramento, CA 95826

Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

MSCP-II Office Fund Trust

Business or Residence Address (Number and Street, City, State, Zip Code)

One Bush St., Suite 1100, San Francisco, CA 94104

Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

MSCP-II Office Fund, Inc.

Business or Residence Address (Number and Street, City, State, Zip Code)

One Bush St., Suite 1100, San Francisco, CA 94104

Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

PSPIB U.S. Nominee, Inc.

Business or Residence Address (Number and Street, City, State, Zip Code)

1250 René-Lévesque Blvd. West, Suite 2030, Montreal, Quebec H3B 4W8

(Use blank sheet or copy and use additional copies of this sheet, as necessary)

### A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

PSPIB Realty U.S. Inc.

Business or Residence Address (Number and Street, City, State, Zip Code)

1250 René-Lévesque Blvd. West, Suite 2030, Montreal, Quebec H3B 4W8

Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

MS Associates

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Mn Services N.V., Burgemeester Elsenlaan 329, 2282 MZ Rijswijk, Netherlands

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet or copy and use additional copies of this sheet, as necessary)

## B. INFORMATION ABOUT OFFERING

1. Has the issuer sold or does the issuer intend to sell, to non-accredited investors in this offering? Yes ☐ No ☒

Answer also in Appendix, Column 2, if filing under ULOE.

What is the minimum investment that will be accepted from any individual?

\$ 10,000,000<sup>1</sup>

2. Does the offering permit joint ownership of a single unit? Yes ☒ No ☐

3. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.

Full Name (Last name first, if individual)

Credit Suisse

Business or Residence Address (Number and Street, City, State, Zip Code)

11 Madison Avenue, 26<sup>th</sup> Floor, New York, NY 10010

Name of Associated Broker or Dealer

Credit Suisse

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) ☒ All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) ☐ All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[MA]	[MD]	[ME]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) ☐ All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[MA]	[MD]	[ME]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

<sup>1</sup> Subject to waiver by the general partners of Market Street Capital Partners, LP and Market Street Capital Partners PIV, LP and by the director of Market Street Capital Partners REIT, LLC. Also, preferred shares in Market Street Capital Partners REIT, LLC will be offered for \$1,000 per share.

(Use blank sheet or copy and use additional copies of this sheet, as necessary)

### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box ☐ and indicate in the column below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt.....	\$ 0	\$ 0
Equity.....	\$ 0	\$ 0
<input type="checkbox"/> Common <input type="checkbox"/> Preferred		
Convertible Securities (including warrants).....	\$ 0	\$ 0
Partnership Interests.....	\$ 325,000,000	\$ 299,500,000
Other (Specify: <u>limited liability company interests</u> ).....	\$ 325,125,000	\$ 317,975,000
Total .....	\$ 650,125,000	\$ 617,475,000

Answer also in Appendix, Column 3, if filing under ULOE

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors .....	185	\$ 617,475,000
Non-accredited Investors .....	0	\$ 0
Total (for filings under Rule 504 only) .....		\$

Answer also in Appendix, Column 3, if filing under ULOE

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.

N/A

Type of offering	Type of Security	Dollar Amount Sold
Rule 505.....	0	\$ 0
Regulation A.....	0	\$ 0
Rule 504.....	0	\$ 0
Total .....	0	\$ 0

### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fee.....	<input type="checkbox"/>	\$	0
Printing and Engraving Costs.....	<input checked="" type="checkbox"/>	\$	50,000
Legal Fees.....	<input checked="" type="checkbox"/>	\$	950,000
Accounting Fees.....	<input type="checkbox"/>	\$	0
Engineering Fees.....	<input type="checkbox"/>	\$	0
Sales Commissions (Specify finder's fees separately) .....	<input type="checkbox"/>	\$	0
Other Expenses (identify) .....	<input type="checkbox"/>	\$	0
Total .....	<input checked="" type="checkbox"/>	\$	1,000,000

Enter the difference between the aggregate offering price given in response to Part C-Question 1 and total expenses furnished in response to Part C-Question 4.a. This difference is the "adjusted gross proceeds to the issuer."


\$ 649,125,000

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C-Question 4.b. above.

		Payments to Officers, Directors, & Affiliates		Payments to Others
Salaries and fees.....	<input checked="" type="checkbox"/>	\$ 35,200,000	<input type="checkbox"/>	\$
Purchase of real estate.....	<input type="checkbox"/>	\$	<input checked="" type="checkbox"/>	\$ 571,925,000
Purchase, rental or leasing and installation of machinery and equipment .....	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
Construction or leasing of plant buildings and facilities .....	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger).....	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
Repayment of indebtedness.....	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
Working capital.....	<input type="checkbox"/>	\$	<input checked="" type="checkbox"/>	\$ 42,000,000
Other (specify) .....	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
.....	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
Column Totals.....	<input type="checkbox"/>	35,200,000	<input checked="" type="checkbox"/>	\$ 613,925,000
Total Payments Listed (column totals added) .....	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	\$ 649,125,000

**D. FEDERAL SIGNATURE**

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature	Date
Market Street Capital Partners, LP Market Street Capital Partners REIT, LLC Market Street Capital Partners PIV, LP		February <u>5</u> , 2007
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Stuart Z. Shift	Authorized representative of Market Street Capital Partners GP, LLC, Market Street Capital Partners REIT GP, LLC and Market Street Capital Partners PIV GP, LLC, the general partners and manager of the issuers	

**ATTENTION**

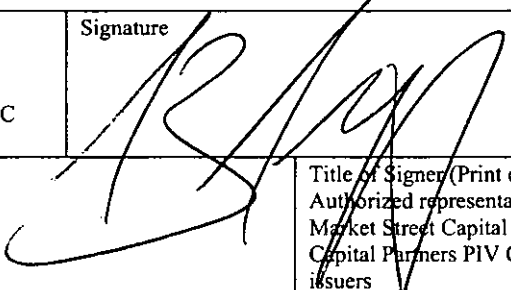
**Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)**

### E. STATE SIGNATURE

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?..... Yes ☐ No ☒
- See Appendix, Column 5, for state response.
2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

THE FOREGOING UNDERTAKINGS AND REPRESENTATIONS PROVIDED SHALL BE ENFORCEABLE AGAINST THE ISSUER ONLY TO THE EXTENT THAT SUCH UNDERTAKINGS AND REPRESENTATIONS ARE REQUIRED TO BE MADE AFTER APPLICATION OF THE NATIONAL SECURITIES MARKETS IMPROVEMENT ACT OF 1996.

Issuer (Print or Type) Market Street Capital Partners, LP Market Street Capital Partners REIT, LLC Market Street Capital Partners PIV, LP	Signature 	Date February <u>5</u> , 2007
Name of Signer (Print or Type) Stuart Z. Shiff	Title of Signer (Print or Type) Authorized representative of Market Street Capital Partners GP, LLC, Market Street Capital Partners REIT GP, LLC and Market Street Capital Partners PIV GP, LLC, the general partners and manager of the issuers	

**Instruction:**

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# APPENDIX

1 State	2 Intend to sell to non-accredited investors in State (Part B-Item 1)		3 Type of security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
	Yes	No		Number of Accredited Investors	Amount	Number of Nonaccredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA		✓	Limited Partner and Limited Liability Company Interests \$650,125,000	32	\$460,667,000	0	0		✓
CO									
CT									
DE									
DC		✓	Limited Partner and Limited Liability Company Interests \$650,125,000	1	\$333,000	0	0		✓
FL		✓	Limited Partner and Limited Liability Company Interests \$650,125,000	17	\$4,911,000	0	0		✓
GA		✓	Limited Partner and Limited Liability Company Interests \$650,125,000	98	\$98,000	0	0		✓
HI									
ID									
IL		✓	Limited Partner and Limited Liability Company Interests \$650,125,000	1	\$500,000	0	0		✓

# APPENDIX

1 State	2 Intend to sell to non-accredited investors in State (Part B-Item 1)		3 Type of security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
	Yes	No		Number of Accredited Investors	Amount	Number of Nonaccredited Investors	Amount	Yes	No
IN		✓	Limited Partner and Limited Liability Company Interests \$650,125,000	1	\$5,000,000	0	0		✓
IA									
KS									
KY									
LA									
ME									
MD		✓	Limited Partner and Limited Liability Company Interests \$650,125,000	2	\$2,000	0	0		✓
MA									
MI									
MN									
MS									
MO									
MT									
NE									
NV		✓	Limited Partner and Limited Liability Company Interests \$650,125,000	1	\$1,000,000	0	0		✓
NH									
NJ									

# APPENDIX

1 State	2 Intend to sell to non-accredited investors in State (Part B-Item 1)		3 Type of security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
	Yes	No		Number of Accredited Investors	Amount	Number of Nonaccredited Investors	Amount	Yes	No
NM		✓	Limited Partner and Limited Liability Company Interests \$650,125,000	1	\$3,000,000	0	0		✓
NY		✓	Limited Partner and Limited Liability Company Interests \$650,125,000	1	\$700,000	0	0		✓
NC									
ND									
OH									
OK		✓	Limited Partner and Limited Liability Company Interests \$650,125,000	4	\$4,000	0	0		✓
OR									
PA		✓	Limited Partner and Limited Liability Company Interests \$650,125,000	1	\$750,000	0	0		✓
RI									
SC									
SD									
TN									
TX		✓	Limited Partner and Limited Liability Company Interests \$650,125,000	12	\$18,507,000	0	0		✓
UT									

# APPENDIX

1 State	2 Intend to sell to non-accredited investors in State (Part B-Item 1)		3 Type of security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
	Yes	No		Number of Accredited Investors	Amount	Number of Nonaccredited Investors	Amount	Yes	No
VT									
VA		✓	Limited Partner and Limited Liability Company Interests \$650,125,000	3	\$3,000	0	0		✓
WA									
WV									
WI									
WY									
PR									

END